



## User's Manual

# Salivary Cortisol HS ELISA



**REF**

**IB79307**



**96 Wells**

**09/07**

**IVD**

For in-vitro diagnostic use only

## Contents / Inhaltsverzeichnis

1	INTRODUCTION .....	3
2	PRINCIPLE.....	3
3	WARNINGS AND PRECAUTIONS.....	4
4	REAGENTS.....	5
5	SPECIMEN COLLECTION AND PREPARATION ...	6
6	ASSAY PROCEDURE .....	7
7	EXPECTED NORMAL VALUES.....	8
8	QUALITY CONTROL.....	8
9	PERFORMANCE CHARACTERISTICS.....	9
10	LIMITATIONS OF PROCEDURE .....	10
11	LEGAL ASPECTS .....	11
12	REFERENCES .....	11

SYMBOLS USED WITH IBL - AMERICA ELISA 'S ..... 12

## 1 INTRODUCTION

### 1.1 Intended Use

An enzyme immunoassay for the quantitative in vitro diagnostic measurement of active free cortisol (hydrocortisone and hydroxycorticosterone) in saliva. Measurements of cortisol are used in the diagnosis and treatment of disorders of the adrenal gland.

### 1.2 Summary and Explanation

The hormone Cortisol is vital for several functions of the human body. A strong correlation exists between stress related conditions and Cortisol levels (1–3) Cortisol is a steroid hormone made in the adrenal glands. Among its important functions in the body include roles in the regulation of blood pressure and cardiovascular function as well as regulation of the body's use of proteins, carbohydrates, and fats. Cortisol secretion increases in response to any stress in the body, whether physical (such as illness, trauma, surgery, or temperature extremes) or psychological. When cortisol is secreted, it causes a breakdown of muscle protein, leading to release of amino acids into the bloodstream. These amino acids are then used by the liver to synthesize glucose for energy, in a process called gluconeogenesis. This process raises the blood sugar level so the brain will have more glucose for energy. Cortisol also leads to the release of so-called fatty acids, an energy source from fat cells, for use by the muscles. Taken together, these energy-directing processes prepare the individual to deal with stressors and ensure that the brain receives adequate energy sources (4).

Cortisol is the most potent glucocorticoid produced by the human adrenal (5-7). It is synthesized from cholesterol and its production is stimulated by pituitary adrenocorticotrophic hormone (ACTH) which is regulated by corticotropin releasing factor (CRF). ACTH and CRF secretions are inhibited by high cortisol levels in a negative feedback loop. Cortisol acts through specific intracellular receptors and affects numerous physiologic systems including immune function, glucose counter regulation, vascular tone, and bone metabolism.

Elevated cortisol levels and lack of diurnal variation have been identified with Cushing's disease (ACTH hypersecretion). Elevated circulating cortisol levels have also been identified in patients with adrenal tumors. Low cortisol levels are found in primary adrenal insufficiency (e.g. adrenal hypoplasia, Addison's disease) and in ACTH deficiency. Due to the normal circadian variation in cortisol levels (8), distinguishing normal from abnormally low cortisol levels can be difficult, therefore several daily collections are recommended. Saliva is an excellent medium to measure steroids because it is a natural ultra-filtrate of blood, and steroids not bound by carrier proteins in the blood freely diffuse into saliva. Only about 1-10% of the steroids in blood are in the unbound or free form, and it is this fraction that diffuses into target tissues of the body, and into saliva (9, 10). The majority (90-99%) of steroid hormones in the blood are bound to carrier proteins (cortisol binding globulin, sex-hormone binding globulin and albumin) and are unavailable to target tissues. The process of passive diffusion of non-bound (free) steroid hormones occurs because these small molecules are of a low molecular weight (less than 400 daltons) and are relatively nonpolar, thus enabling them to freely diffuse from blood to saliva. Bound steroids are too large to diffuse freely through the salivary cells into the salivary gland lumen. (11-14)

## 2 PRINCIPLE

The **IBL - AMERICA Salivary Cortisol HS ELISA** Kit is a solid phase enzyme-linked immunosorbent assay (ELISA), based on the principle of competitive binding.

The microtiter wells are coated with a polyclonal rabbit antibody directed towards an antigenic site on the cortisol molecule.

Endogenous cortisol of a patient sample competes with a cortisol-horseradish peroxidase conjugate for binding to the coated antibody. After incubation the unbound conjugate is washed off.

The amount of bound peroxidase conjugate is inversely proportional to the concentration of cortisol in the sample. After addition of the substrate solution, the intensity of colour developed is inversely proportional to the concentration of cortisol in the patient sample.

**3 WARNINGS AND PRECAUTIONS**

1. This kit is for in vitro diagnostic use only. For professional use only.
2. All reagents of this test kit which contain human serum or plasma have been tested and confirmed negative for HIV I/II, HBsAg and HCV by FDA approved procedures. All reagents, however, should be treated as potential biohazards in use and for disposal.
3. Before starting the assay, read the instructions completely and carefully. Use the valid version of the package insert provided with the kit. Be sure that everything is understood.
4. The microplate contains snap-off strips. Unused wells must be stored at 2 °C to 8 °C in the sealed foil pouch and used in the frame provided.
5. Pipetting of samples and reagents must be done as quickly as possible and in the same sequence for each step.
6. Use reservoirs only for single reagents. This especially applies to the substrate reservoirs. Using a reservoir for dispensing a substrate solution that had previously been used for the conjugate solution may turn solution colored. Do not pour reagents back into vials as reagent contamination may occur.
7. Mix the contents of the microplate wells thoroughly to ensure good test results. Do not reuse microwells.
8. Do not let wells dry during assay; add reagents immediately after completing the rinsing steps.
9. Allow the reagents to reach room temperature (21-26°C) before starting the test. Temperature will affect the absorbance readings of the assay. However, values for the patient samples will not be affected.
10. Never pipet by mouth and avoid contact of reagents and specimens with skin and mucous membranes.
11. Do not smoke, eat, drink or apply cosmetics in areas where specimens or kit reagents are handled.
12. Wear disposable latex gloves when handling specimens and reagents. Microbial contamination of reagents or specimens may give false results.
13. Handling should be done in accordance with the procedures defined by an appropriate national biohazard safety guideline or regulation.
14. Do not use reagents beyond expiry date as shown on the kit labels.
15. All indicated volumes have to be performed according to the protocol. Optimal test results are only obtained when using calibrated pipettes and microtiterplate readers.
16. Do not mix or use components from kits with different lot numbers. It is advised not to exchange wells of different plates even of the same lot. The kits may have been shipped or stored under different conditions and the binding characteristics of the plates may result slightly different.
17. Avoid contact with *Stop Solution* containing 0.5 M H<sub>2</sub>SO<sub>4</sub>. It may cause skin irritation and burns.
18. Some reagents contain Proclin, BND and/or MIT as preservatives. In case of contact with eyes or skin, flush immediately with water.
19. TMB substrate has an irritant effect on skin and mucosa. In case of possible contact, wash eyes with an abundant volume of water and skin with soap and abundant water. Wash contaminated objects before reusing them. If inhaled, take the person to open air.
20. Chemicals and prepared or used reagents have to be treated as hazardous waste according to the national biohazard safety guideline or regulation.
21. For information on hazardous substances included in the kit please refer to Material Safety Data Sheets.
22. Safety Data Sheets for this product are available upon request directly from IBL - America. The Safety Data Sheets fit the demands of: EU-Guideline 91/155 EC.

## 4 REAGENTS

### 4.1 Reagents provided

1. **Microtiterwells**, 12x8 (break apart) strips, 96 wells;  
Wells coated with a anti-cortisol antibody (polyclonal).
2. **Standard (Standard 0-6)**, 7 vials, 1 mL each, ready to use;  
Concentrations: 0 - 0.1 - 0.5 - 1.5 – 4 – 10 - 30 ng/mL,  
contain 0.003% Proclin as a preservative
3. **Control low / Control high**, 2 vials, 1.0 mL each, ready to use;  
For control values and ranges please refer to vial label or QC-Datasheet.  
Contains 0.003% Proclin as a preservative.
4. **Enzyme Conjugate**, 1 vial, 26 mL, ready to use;  
Cortisol conjugated to horseradish peroxidase;  
contains < 0,019% BND and < 0,017% MIT as preservative.
5. **Substrate Solution**, 1 vial, 25 mL, ready to use;  
Tetramethylbenzidine (TMB).
6. **Stop Solution**, 1 vial, 14 mL, ready to use;  
contains 1N acidic solution.  
Avoid contact with the stop solution. It may cause skin irritations and burns.
7. **Wash Solution**, 1 vial, 30 mL (40X concentrated);  
see „Preparation of Reagents“.

- \* BND = 5-bromo-5-nitro-1,3-dioxane  
MIT = 2-methyl-2H-isothiazol-3-one

**Note:** Additional *Standard 0* for sample dilution is available upon request.

### 4.2 Materials required but not provided

- A microtiter plate calibrated reader (450±10 nm)
- Calibrated variable precision micropipettes (100 µL, 200 µL).
- Absorbent paper.
- Distilled or deionized water
- Timer.
- Semilogarithmic graph paper or software for data reduction

### 4.3 Storage Conditions

When stored at 2 °C to 8 °C unopened reagents will retain reactivity until expiration date. Do not use reagents beyond this date.

Opened reagents must be stored at 2 °C to 8 °C. Microtiter wells must be stored at 2 °C to 8 °C. Once the foil bag has been opened, care should be taken to close it tightly again.

### 4.4 Reagent Preparation

Bring all reagents to room temperature before use.

#### **Wash Solution**

Add deionized water to the 40X concentrated *Wash Solution*.

Dilute 30 mL of concentrated *Wash Solution* with 1170 mL deionized water to a final volume of 1200 mL.

*The diluted Wash Solution is stable for 2 weeks at room temperature.*

### 4.5 Disposal of the Kit

The disposal of the kit must be made according to the national regulations. Special information for this product is given in the Material Safety Data Sheet.

### 4.6 Damaged Test Kits

In case of any severe damage of the test kit or components, IBL - AMERICA have to be informed written, latest one week after receiving the kit. Severely damaged single components should not be used for a test run. They have to be stored until a final solution has been found. After this, they should be disposed according to the official regulations.

## 5 SPECIMEN COLLECTION AND PREPARATION

Samples containing sodium azide should not be used in the assay. The saliva samples should be completely colorless. Even the slightest red color shows blood contamination. Such blood contamination will give falsely elevated concentration values. In case of visible blood contamination the patient should discard the sample, rinse the sampling device with water, also rinse the mouth with (preferably) cold water, wait for 10 minutes and take a new sample. Do not chew anything during the sampling period. Any pressure on the teeth may result in falsely elevated measurements due to an elevated content of gingival liquid in the saliva sample.

### 5.1 Specimen Collection

It is recommended to collect saliva samples with commercially available equipment (e.g. SALIVA-SET 5, cat.-no. DE7269-5). Do not use any PE devices or Salivettes for sampling; this in most cases will result in significant interferences. Glass tubes can be used as well, but in this case special attention is necessary for excluding any interference caused by the stopper. As the Cortisol secretion in saliva as well in serum shows an obvious secretion pattern throughout the day it is important to care for a proper timing of the sampling. The morning peak normally appears during the first 3 hours after the average wake-up time. But also during the day there might be smaller peaks in the Cortisol secretion. Therefore we are recommending to always take 5 separate samples within a period of 2 – 3 hours (multiple sampling) preferably before a meal. As food might contain significant amounts of steroid hormones samples preferably should be taken while fasting. If fasting should be a problem the collection period should be timed just before an anticipated meal. If possible the volume of each single sample should be a minimum of 0.5 ml (better 1 ml). Saliva flow may be stimulated by drinking water. This is allowed and even recommended before and during the collection period. Drinking of water is not allowed during the last 5 minutes before taking the single samples. In case of investigations of the morning peak we are recommending to take single samples during the first 3 hours after the average wake-up time. It is important to know that the timing of the morning peak is not related to the absolute time or the day light. It is just related to the wake-up habits of the patient. If just one sample should catch the morning peak then it has to be taken within a time frame of 1 to 2 hours after the average wake-up time of the individual. In order see the complete peak we are recommending to take samples at 15 min, 45 min, 75 min, 105 min, and 135 minutes after the usual weak-up time of the last 10 days. The typical timing for a morning collection period would be as follows. Wake-up at 6:00 AM, drinking water and brushing teeth, 1<sup>st</sup> sample at 6:15 AM, followed by samples at 6:45 AM, 7:15 AM, 7:45 AM, and 8:15 AM, followed by breakfast at 8:25 AM. Modest variation in the collection timing will not be critical, and the collection time-frame can be extended up to 3 hours. The wake-up time at the sampling day is not relevant at all. Special care has to be taken in case the patient recently has done trip over several time zones.

In case there is a suspected Morbus Cushing the sampling has to be done during the late evening (at best between 10 and 12 PM). Also in this case it is important to take 5 samples during a period of 2 hours.

### 5.2 Specimen Storage and Preparation

Saliva samples in general are stable at ambient temperature for several days. Therefore mailing of such samples by ordinary mail without cooling will not create a problem. Storage at 4°C can be done for a period of up to one week. Whenever possible samples preferable should be kept at a temperature of -20°C. Even repeated thawing and freezing is no problem. Each sample has to be frozen, thawed, and centrifuged at least once anyhow in order to separate the mucins by centrifugation. Upon arrival of the samples in the lab the samples have to stay in the deep freeze at least overnight. Next morning the frozen samples are warmed up to room temperature and mixed carefully. Then the samples have to be centrifuged for 5 to 10 minutes. Now the clear colorless supernatant is easy to pipette. If the sample should show even a slight reddish tinge it should be discarded. Otherwise the concentration value most probably will be falsely elevated. Due to the episodic variations of the steroid secretion we highly recommend the strategy of multiple sampling. If such a set of multiple samples has to be tested the lab (after at least one freezing, thawing, and centrifugation cycle) has to mix the aliquots of the 5 single samples in a separate sampling device and perform the testing from this mixture. If the shape of the morning peak has to be determined all 5 morning samples have to be tested separately.

### 5.3 Specimen Dilution

If in an initial assay, a specimen is found to contain more than the highest standard, the specimens can be diluted with *Standard 0* and re-assayed as described in Assay Procedure.

For the calculation of the concentrations this dilution factor has to be taken into account.

Example:

- a) Dilution 1:10: 10 µl saliva + 90 µl *Standard 0* (mix thoroughly)
- b) Dilution 1:100: 10 µl of dilution a) + 90 µl *Standard 0* (mix thoroughly).

## 6 ASSAY PROCEDURE

### 6.1 General Remarks

- All reagents and specimens must be allowed to come to room temperature before use. All reagents must be mixed without foaming.
- Once the test has been started, all steps should be completed without interruption.
- Use new disposal plastic pipette tips for each standard, control or sample in order to avoid cross contamination.
- Absorbance is a function of the incubation time and temperature. Before starting the assay, it is recommended that all reagents are ready, caps removed, all needed wells secured in holder, etc. This will ensure equal elapsed time for each pipetting step without interruption.
- As a general rule the enzymatic reaction is linearly proportional to time and temperature.
- Respect the incubation times as stated in this instructions for use.

### 6.2 Assay Procedure

Each run must include a standard curve.

1. Secure the desired number of coated strips in the frame holder.
2. Dispense **100 µL** of each **Standard, Control and samples** with new disposable tips into appropriate wells.
3. Dispense **200 µL Enzyme Conjugate** into each well.  
Thoroughly mix for 10 seconds. It is important to have a complete mixing in this step.
4. Incubate for **60 minutes** at room temperature  
**Note:** Incubation on a shaker at 300 rpm is recommended.
5. Briskly shake out the contents of the wells.  
Rinse the wells 5 times with diluted Wash Solution (400 µL per well). Strike the wells sharply on absorbent paper to remove residual droplets.  
**Important note:**  
The sensitivity and precision of this assay is markedly influenced by the correct performance of the washing procedure!
6. Add **200 µL** of **Substrate Solution** to each well.
7. Incubate for **30 minutes** at room temperature.
8. Stop the enzymatic reaction by adding **100 µL** of **Stop Solution** to each well.
9. Determine the absorbance of each well at **450±10 nm**.  
It is recommended that the wells be read within 10 minutes.

### 6.3 Calculation of Results

1. Calculate the average absorbance values for each set of standards, controls and patient samples.
2. Construct a standard curve by plotting the mean absorbance obtained from each standard against its concentration with absorbance value on the vertical(Y) axis and concentration on the horizontal (X) axis.
3. Using the mean absorbance value for each sample determine the corresponding concentration from the standard curve.
4. Automated method: The results in the IFU have been calculated automatically using a 4 PL (4 Parameter Logistics) curve fit. 4 Parameter Logistics is the preferred calculation method. Other data reduction functions may give slightly different results.
5. The concentration of the samples can be read directly from this standard curve. Samples with concentrations higher than that of the highest standard have to be further diluted. For the calculation of the concentrations this dilution factor has to be taken into account.

### 6.3.1 Example of Typical Standard Curve

The following data is for demonstration only and cannot be used in place of data generations at the time of assay.

Standard		Optical Units (450 nm)
Standard 0	0 ng/mL	1.93
Standard 1	0.1 ng/mL	1.62
Standard 2	0.5 ng/mL	1.05
Standard 3	1.5 ng/mL	0.67
Standard 4	4.0 ng/mL	0.40
Standard 5	10 ng/mL	0.23
Standard 6	30 ng/mL	0.12

## 7 EXPECTED NORMAL VALUES

In order to determine the normal range of SLV Cortisol HS ELISA samples from adult male and female apparently healthy subjects, were collected in the morning and analyzed using the IBL - AMERICA ELISA kit. The following range was calculated from this study.

**Adults: 1.2 – 14.7 ng/mL**

The results alone should not be the only reason for any therapeutic consequences. The results should be correlated to other clinical observations and diagnostic tests.

Since cortisol levels show diurnal cycles, we recommend that the samples be obtained the same hour each day.

Furthermore, we recommend that each laboratory determine its own range for the population tested.

## 8 QUALITY CONTROL

Good laboratory practice requires that controls be run with each calibration curve. A statistically significant number of controls should be assayed to establish mean values and acceptable ranges to assure proper performance.

It is recommended to use control samples according to state and federal regulations. The use of control samples is advised to assure the day to day validity of results. Use controls at both normal and pathological levels.

The controls and the corresponding results of the QC-Laboratory are stated in the QC certificate added to the kit. The values and ranges stated on the QC sheet always refer to the current kit lot and should be used for direct comparison of the results.

It is also recommended to make use of national or international Quality Assessment programs in order to ensure the accuracy of the results.

Employ appropriate statistical methods for analysing control values and trends. If the results of the assay do not fit to the established acceptable ranges of control materials patient results should be considered invalid. In this case, please check the following technical areas: Pipetting and timing devices; photometer, expiration dates of reagents, storage and incubation conditions, aspiration and washing methods.

After checking the above mentioned items without finding any error contact your distributor or IBL - AMERICA directly.

## 9 PERFORMANCE CHARACTERISTICS

### 9.1 Analytical Sensitivity

The analytical sensitivity of the IBL - AMERICA ELISA was calculated by subtracting 2 standard deviations from the mean of twenty (20) replicate analyses of *Standard 0* ( $S_0$ ). The analytical sensitivity of the assay is 0.012 ng/mL.

### 9.2 Specificity (Cross Reactivity)

The following materials have been evaluated for cross reactivity.

Steroids	% Crossreactivity
Cortisol	100.000
17- $\alpha$ Hydroxyprogesterone	0.69
Pregnenolone	< 0.001
17 OH-Pregnenolone	< 0.001
Progesterone	0.04
Desoxycorticosterone	0.19
11-Desoxycortisol	4.60
Corticosterone	1.25
Aldosterone	< 0.001
Androstenedione	< 0.001
Testosterone	< 0.001
5- $\alpha$ Dihydrotestosterone	< 0.001
Dehydroepiandrosterone SO <sub>4</sub>	< 0.001
Androstanedione	< 0.001
Estradiol-17 $\beta$	< 0.001
Estradiol-17 $\alpha$	< 0.001
Estrone (E1)	< 0.001
Estriol (E3)	< 0.001

### 9.3 Assay Dynamic Range

The range of the assay is between 0 – 30 ng/mL.

### 9.4 Reproducibility

#### 9.4.1 Intra-Assay

The intra-assay variation was determined by replicate measurements of 3 saliva samples within one run using the IBL - AMERICA ELISA. The within-assay variability is shown below:

	Sample 1	Sample 2	Sample 3
Mean (ng/mL)	2.56	4.61	10.45
SD (ng/mL)	0.07	0.17	0.43
CV (%)	2.62	3.70	4.07
n =	20	20	20

#### 9.4.2 Inter-Assay

The inter-assay variation was determined by duplicate measurements of 3 saliva samples in 3 different runs using the IBL - AMERICA ELISA. The inter-assay variability is shown below:

	Sample 1	Sample 2	Sample 3
Mean (ng/mL)	5.08	7.25	9.11
SD (ng/mL)	0.18	0.36	0.19
CV (%)	3.46	4.94	2.04
n =	12	12	12

#### 9.5 Recovery

Recovery of the IBL - AMERICA ELISA was determined by adding increasing amounts of the analyte to 3 different saliva samples containing different amounts of endogenous analyte. Each sample (non-spiked and spiked) was assayed and analyte concentrations of the samples were calculated from the standard curve. The percentage recoveries were determined by comparing expected and measured values of the samples.

	Saliva 1	Saliva 2	Saliva 3
<b>Concentration (ng/ml)</b>	0.60	1.62	3.00
<b>Average % recovery</b>	103.8	104.2	102.8
<b>Range of % recovery</b> from	96.5	95.4	96.4
to	109.3	109.4	108.4

#### 9.6 Linearity

Three saliva samples containing different amounts of analyte were serially diluted with Standard 0 and assayed with the IBL - AMERICA ELISA.

The percentage recovery was calculated by comparing the expected and measured values for cortisol.

	Saliva 1	Saliva 2	Saliva 3
<b>Concentration ng/mL</b>	1.35	3.47	6.60
<b>Average % recovery</b>	91.2	98.6	93.5
<b>Range of % recovery</b> from	87.5	88.1	88.5
to	97.3	112.6	102.0

### 10 LIMITATIONS OF PROCEDURE

Reliable and reproducible results will be obtained when the assay procedure is performed with a complete understanding of the package insert instruction and with adherence to good laboratory practice.

Any improper handling of samples or modification of this test might influence the results.

#### 10.1 High-Dose-Hook Effect

No hook effect was observed in this test

#### 10.2 Drug Interferences

Until today no substances (drugs) are known to us, which have an influence to the measurement of Cortisol in a sample.

## 11 LEGAL ASPECTS

### 11.1 Reliability of Results

The test must be performed exactly as per the manufacturer's instructions for use. Moreover the user must strictly adhere to the rules of GLP (Good Laboratory Practice) or other applicable national standards and/or laws. This is especially relevant for the use of control reagents. It is important to always include, within the test procedure, a sufficient number of controls for validating the accuracy and precision of the test. The test results are valid only if all controls are within the specified ranges and if all other test parameters are also within the given assay specifications. In case of any doubt or concern please contact IBL - AMERICA.

### 11.2 Therapeutic Consequences

Therapeutic consequences should never be based on laboratory results alone even if all test results are in agreement with the items as stated under point 11.1. Any laboratory result is only a part of the total clinical picture of a patient.

Only in cases where the laboratory results are in acceptable agreement with the overall clinical picture of the patient should therapeutic consequences be derived.

The test result itself should never be the sole determinant for deriving any therapeutic consequences.

### 11.3 Liability











Any modification of the test kit and/or exchange or mixture of any components of different lots from one test kit to another could negatively affect the intended results and validity of the overall test. Such modification and/or exchanges invalidate any claim for replacement.







Claims submitted due to customer misinterpretation of laboratory results subject to point 11.2. are also invalid. Regardless, in the event of any claim, the manufacturer's liability is not to exceed the value of the test kit. Any damage caused to the test kit during transportation is not subject to the liability of the manufacturer.

## 12 REFERENCES

1. Irwin M, et al (1987): Life events, depressive symptoms and immune function, *Am J. Psychiat*, 144, 437-441
2. Solomon GF, Moss RH. (1964): Emotions, Immunity and disease. A speculative theoretical integration, *Arch. Gen Psychiatry*, 11, 657-674
3. Mcgrady A. et al (1987): Effect of biofeedback-assisted relaxation in blood pressure and cortisol levels in normotensives and hypertensives, *J. Behav. Med.*, 10, 301-310
4. Hucklebridge FH, et al. (1999): The awakening of cortisol response and blood glucose levels, *Life Sci.*, 64, 931-937
5. Drucker S. (1987): New MI: Disorders of adrenal steroidogenesis, *Pediatr. Clin. North Am*, 34, 1055-1066
6. Hellhammer DH, et al. (1997): Social hierarchy and adrenocortical stress Reactivity in men, *Psychoneuroendocrinology*, 22, 643-650
7. Van cauter E. (1987): Pulsatile ACTHsecretion . In: Wagner T., Filicori M. (eds): Episodic hormone secretion: From basic science to clinical application, Hameln, TM-Verlag, pp 65-75
8. Chernow B., et al (1987): Hormonal responses to graded surgical stress, *Arch. Intern. Med.*, 147, 1273- 1278
9. Hellhammer DH, et al (1987): Measurement of salivary cortisol under psychological Stimulation, In: Hingten JN, Hellhammer DH, Huppmann (eds.), *Advanced methods in Psychology*, Hogrefe, Toronto, pp 281-289
10. Riad-Fahny et al (1982), Steroids in saliva for assessing endocrine function, *Endocr. Rev*, 3, 367-395
11. Kirchbaum C., Hellhammer DH. (1989): Salivary cortisol in psychobiological Research: An overview, *Neuropsychobiology*, 22, 150-169
12. Kirchbaum C, Hellhammer Dh. (1994): Salivary cortisol in psychoneuroendocrine Research: Recent developments and applications, *Psychoneuroendocrinology*, 19, pp 313-333
13. Robin P., et al. (1977): Assay of unbound cortisol in plasma., *J. Clin. Endocrinol. Metab.*, 46, 277-283
14. Vining RF, et al. (1983), Hormones in saliva: Mode of entry and consequent implications for clinical interpretation, *Clin. Chem.*, 29, 1752-1756

## Symbols used with IBL - AMERICA ELISA's

Symbol	English	Deutsch	Francais	Espanol	Italiano
	European Conformity	CE-Konformitätskennzeichnung	Conforme aux normes européennes	Conformidad europea	Conformità europea
	Consult instructions for use	Gebrauchsanweisung beachten	Consulter les instructions d'utilisation	Consulte las Instrucciones	Consultare le istruzioni per l'uso
	In vitro diagnostic device	In-vitro-Diagnostikum	Ussage Diagnostic in vitro	Diagnóstico in vitro	Per uso Diagnostica in vitro
	For research use only	Nur für Forschungszwecke	Seulement dans le cadre de recherches	Sólo para uso en investigación	Solo a scopo di ricerca
	Catalogue number	Katalog-Nr.	Référence	Número de catálogo	No. di Cat.
	Lot. No. / Batch code	Chargen-Nr.	No. de lot	Número de lote	Lotto no
	Contains sufficient for <n> tests/	Ausreichend für "n" Ansätze	Contenu suffisant pour "n" tests	Contenido suficiente para <n> ensayos	Contenuto sufficiente per "n" saggi
	Storage Temperature	Lagerungstemperatur	Temperature de conservation	Temperatura de conservacion	Temperatura di conservazione
	Expiration Date	Mindesthaltbarkeitsdatum	Date limite d'utilisation	Fecha de caducidad	Data di scadenza
	Legal Manufacturer	Hersteller	Fabricant	Fabricante	Fabbricante
<i>Distributed by</i>	Distributor	Vertreiber	Distributeur	Distribuidor	Distributore
<i>Content</i>	Content	Inhalt	Contenu	Contenido	Contenuto
<i>Volume/No.</i>	Volume / No.	Volumen/Anzahl	Volume/Numéro	Volumen/Número	Volume/Quantità
<i>Microtiterwells</i>	Microtiterwells	Mikrotiterwells	Plaques de micro-titration	Placas multipocillo	Micropozzetti
<i>Antiserum</i>	Antiserum	Antiserum	Antisérum	Antisuero	Antisiero
<i>Enzyme Conjugate</i>	Enzyme Conjugate	Enzymkonjugat	Conjugué enzymatique	Conjugado enzimático	Tracciante enzimatico
<i>Enzyme Complex</i>	Enzyme Complex	Enzymkomplex	Complexe enzymatique	Complex enzimático	Complesso enzimatico
<i>Substrate Solution</i>	Substrate Solution	Substratlösung	Solution substrat	Solución de sustrato	Soluzione di substrato
<i>Stop Solution</i>	Stop Solution	Stopplösung	Solution d'arrêt	Solución de parada	Soluzione d'arresto
<i>Zero Standard</i>	Zero Standard	Nullstandard	Standard 0	Estándar 0	Standard zero
<i>Standard</i>	Standard	Standard	Standard	Estándar	Standard
<i>Control</i>	Control	Kontrolle	Contrôle	Control	Controllo
<i>Assay Buffer</i>	Assay Buffer	Assaypuffer	Tampon d'essai	Tampón de ensayo	Tampone del test
<i>Wash Solution</i>	Wash Solution	Waschlösung	Solution de lavage	Solución de lavado	Soluzione di lavaggio
<i>1N NaOH</i>	1N NaOH	1N NaOH	1N NaOH	1N NaOH	1N NaOH (idrossido di sodio 1N)
<i>1 N HCl</i>	1 N HCl	1 N HCl	1N HCl	1 N HCl	
<i>Sample Diluent</i>	Sample Diluent	Probenverdünnungsmedium	Solution pour dilution de l'échantillon	Solución para dilución de la muestra	Diluyente dei campioni
<i>Conjugate Diluent</i>	Conjugate Diluent	Konjugatverdünnungsmedium	Solution pour dilution du conjugué	Solución para dilución del conjugado	Diluyente del tracciante

Symbol	Portugues	Dansk	Svenska	Ελληνικά
	Conformidade com as normas europeias	Europæisk overensstemmelse	Europeisk överensstämmelse	Ευρωπαϊκή Συμμόρφωση
	Consulte as instruções de utilização	Se brugsanvisning	Se bruksanvisningen	Εγχειρίδιο χρήστη
<b>IVD</b>	Diagnóstico in vitro	In vitro diagnostik	Diagnostik in vitro	in vitro διαγνωστικό
<b>REF</b>	Catálogo n.º	Katalognummer	Katalog nummer	Αριθμός καταλόγου
<b>RUO</b>				
<b>LOT</b>	No do lote	Lot nummer	Batch-nummer	Αριθμός Παρτίδος
		Indeholder tilstrækkeligt til "n" test	Innehåller tillräckligt till "n" tester	Περιεχόμενο επαρκές για «n» εξετάσεις
	Temperatura de conservação	Opbevaringstemperatur	Förvaringstemperatur	Θερμοκρασία αποθήκευσης
	Prazo de validade	Udløbsdato	Bäst före datum	Ημερομηνία λήξης
	Fabricante	Producent	Tillverkare	Κατασκευαστής
<i>Distributed by</i>				
<i>Content</i>	Conteúdo	Indhold	Innehåll	Περιεχόμενο
<i>Volume/No.</i>	Volume/Número	Volumen/antal	Volym/antal	Όγκος/αριθ..
<i>Microtiterwells</i>	Alvéolos de microtitulação	Mikrotiterbrønde	Brunnar i Mikrotiterplatta	Πηγαδάκια Μικροπιλοδοτήσεως
<i>Antiserum</i>	Anti-soro	Antiserum	Antiserum	Αντιπρός
<i>Enzyme Conjugate</i>	Conjugado enzimático	Enzymkonjugat	Enzymkonjugat	Συζευγμένο ενζυμο
<i>Enzyme Complex</i>	Complexo enzimático	Enzymkompleks	Enzymkomplex	Σύμπλοκο ενζύμου
<i>Substrate Solution</i>	Solução de substrato	Substratopløsning	Substratlösning	Διάλυμα υποστρώματος
<i>Stop Solution</i>	Solução de paragem	Stopopløsning	Stopp lösning	Διάλυμα τερματισμού
<i>Zero Standard</i>	Padrão zero	Standard 0	Standard 0	Πρότυπο Μηδέν
<i>Standard</i>	Calibrador	Standard	Standard	Πρότυπα
<i>Control</i>	Controlo	Kontrol	Kontroll	Έλεγχος
<i>Assay Buffer</i>	Tampão de teste	Assay buffer	Assay Buffer	Ρυθμιστικό Διάλυμα Εξέτασης
<i>Wash Solution</i>	Solução de lavagem	Vaskebuffer	Tvätt lösning	Διάλυμα πλύσεως
<i>1N NaOH</i>	1N NaOH	1N NaOH	1N NaOH	1N NaOH
<i>1 N HCl</i>	1 N HCl	1 N HCl	1 N HCl	1 N HCl
<i>Sample Diluent</i>				
<i>Conjugate Diluent</i>				